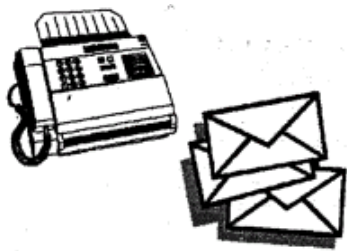


CONFIDENTIAL CASE REPORT



Communicable Disease Program
Montana Department of Public Health & Human Services
Cogswell Building, Room C-216
Helena, MT 59620

Phone: (406) 444-0273 Fax: (800) 616-7460

Instructions: Please complete a form for each case of a communicable disease listed in 37.114.203 of the Administrative Rules of Montana (ARM).

*** If you are reporting a case of Gonorrhea, Chlamydia, or Syphilis, it is necessary to complete only the back of this form.**

After completion, fax or mail this form to the number or address listed above and keep a copy for your records. You may also call the above number for a list of reportable diseases, additional reporting forms, or to receive more information.

Thank you for your cooperation with disease reporting!

INDIVIDUAL CASE REPORT

CASE INFORMATION					
Disease/Condition:				<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	
Date of Onset:			Lab Result/Diagnosis Date:		
Specimen Collection Date:			Date Reported to Health Dept:		
Patients Name:				Occupation:	
Phone:	DOB:	Age:	Sex:	Race:	
Address:			City:	County:	

PROVIDER INFORMATION
Physician/Care Provider:
City:
Contact for more info:

COMMENTS:

Local Health Dept. Reviewer:
